
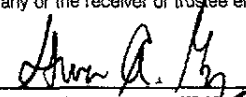


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000001715</b>		
1. Entity Name LANKFORD-FULTON, LLC		
Principal Place of Business 3578 HARTSEL DR, UNIT E324 COLORADO SPRINGS, CO 80920		Mailing Address 3578 HARTSEL DR, UNIT E324 COLORADO SPRINGS, CO 80920
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PANTIN, MARIA T 3125 JACKSON AVE MIAMI, FL 33133		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	MGR	
NAME	GAY, STEVA A	
STREET ADDRESS	3578 HARTSEL DR, UNIT E324	
CITY-ST-ZIP	COLORADO SPRINGS, CO 80920	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: 		Date: 4/21/06 Daytime Phone #: 719-331-0210
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1065387	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

U00000537830  
05/03/06-80034-006 50.00